

IDAHO STATE DEPARTMENT OF AGRICULTURE

Division of Agricultural Resources

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Visit our Website at <http://www.agri.state.id.us>

FOR OFFICE USE ONLY

Date Received _____
Check Number _____
Amount _____
Person _____
Company _____

PROFESSIONAL APPLICATOR & DEALER LICENSE APPLICATION-(2004)

(PLEASE TYPE OR PRINT)

Applicant _____ Date of Birth _____ Soc. Sec. # _____
(Legal Name)

Home Address _____ Home Telephone # _____

City _____ State _____ Zip _____ County _____

Company _____ Business Telephone # _____

Company Address _____ City _____ State _____ Zip _____

Location _____ County _____
(Include city, state and zip code)

PROFESSIONAL PESTICIDE APPLICATOR LICENSE FEES

- ☐ \$60 - Last name "M" through "Z" licenses issued between December 1, 2003 and November 30, 2004
☐ \$120 - Last name "A" through "L" licenses issued between November 15, 2003 and December 31, 2005

PESTICIDE DEALER LICENSE FEES

- ☐ \$100 - Fee for a two-year license that is renewable in August of even years.

1. PROFESSIONAL PESTICIDE APPLICATION LICENSE EXPIRATION DATES:

Last name "A" through "L" – License expires on December 31 of odd numbered years (2005, 2007)

Last name "M" through "Z" – License expires on December 31 of even numbered years (2006, 2008)

2. FINANCIAL RESPONSIBILITY: Coverage Provided by: Please mark the appropriate box.

- ☐ Applicant
☐ Employer _____, Or
☐ Both (Self-employed and work for a company.)

All Professional Applicators must provide proof on financial responsibility (i.e. applicator insurance, bond, certificate of deposit, etc.) in order to be issued a license.

Idaho Certificate of Insurance or other approved documentation of financial responsibility may be supplied to ISDA by a company wishing to insure all their professional applicators in the scope of their employment. Proof of financial responsibility must be provided with this application for applicators not covered by an approved company coverage document.

Exemptions: Professional Applicators who are consulting only must submit a completed "Exemption from Financial Responsibility" form as prescribed by ISDA.

3. TYPE OF APPLICATION: Please mark the appropriate box.

- ☐ Ground Application ☐ Aerial Operation ☐ Both
Aerial applicators: Please submit copies of your valid FAA Pilot's License and current FAA Medical Certificate.

4. GOVERNMENT AGENCIES are exempt from all **but Private Applicator fees.**

5. OUT-OF-STATE APPLICANTS seeking reciprocity must attach a copy of their current year home state license.

I certify that I am at least eighteen (18) years of age and the information on this application is true and correct.

DATE: _____ **APPLICANT SIGNATURE:** _____